

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/31/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15E650		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 04/21/2011	
NAME OF PROVIDER OR SUPPLIER CEDARS, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 14409 SUNRISE COURT LEO, IN46765			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: April 18, 19, 20, and 21, 2011.</p> <p>Facility number: 001215 Provider number: 15E650 AIM number: 100450890</p> <p>Survey team: Sue Brooker, RD- TC Rick Blain, RN Sheryl Roth, RN</p> <p>Census bed type: NF: 35 Residential: 9 NCC: 8 Total: 52</p> <p>Census payor type: Medicaid: 13 Other: 39 Total: 52</p> <p>Sample: 11</p>			F0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0221 SS=D	<p>Residential sample: 7 NCC: 2 Total: 20</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on April 28, 2011 by Bev Faulkner, RN</p> <p>The resident has the right to be free from any physical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms.</p> <p>Based on observation, interview and record review the facility failed to ensure the least restrictive alternative to restraint was attempted for 1 resident (Resident #15) of 2 residents with restraints in a sample of 11.</p>			F0221	<p>Resident #15 reassessed by therapy who once again determined that she can not be kept safe without the seatbelt. This is due to her total lack of safety awareness which is exacerbated by her progression of Alzheimer's Disease. family is aware and physician is in agreement with this assessment. Seatbelt usage necessity will be reassessed quarterly and with condition changes. One other resident here had a seatbelt order, this order has been discontinued due to his declining condition. He is now using a Broda chair and so now no seatbelt is needed. We will continue our assessment practice regarding restraint usage. We will monitor resident condition</p>		05/20/2011

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	<p>Findings include:</p> <p>The clinical record for Resident #15 was reviewed on 4/19/11 at 1:35 p.m. Diagnoses included, but were not limited to, Alzheimer's dementia and depression.</p> <p>Physician order re-writes since her admission in November, 2010, indicated Resident #15 was to have a seat belt with alarm for safety.</p> <p>A current facility care plan for Resident #15,</p>				<p>changes related to safely measures to ensure the least restrictive safety device. This reassessments will be done quarterly and with condition changes. All residents are reviewed at weekly "At Risk Meetings" for need of increasing or decreasing safety measures. Quarterly QA meetings are held and corrective action reviewed at that time. MDS Coordinator, DON, or designee will be responsible to ensure we remain in compliance with this measure. Date of Compliance : 5-20-11</p>		

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	<p>dated 11/5/10, indicated the problem of falls related to her poor cognitive status, poor mobility, and psychotropic meds...seat belt utilized as a restraint. Interventions to the problem included, but were not limited to, seat belt at all times while in wheelchair.</p> <p>An admission "Physical Restraint Assessment/Reassessments" for Resident #15, dated 11/15/10, indicated she was admitted to the facility with a seatbelt.</p>						

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	<p>The Physical Restraint Assessment also indicated Resident #15 had the medical symptom of Alzheimer's dementia. The Physical Restraint Assessment further indicated she leaned over in her wheelchair grabbing at the air. The Reassessment, Dated 2/14/11, indicated Resident #15 had not experienced any falls and continued to lean over in her wheelchair.</p> <p>An Interdisciplinary Rehabilitation Screening</p>						

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	<p>Form for Resident #15, dated 11/5/10, indicated her positioning was within functional limits.</p> <p>During an observation on 4/18/11 at 1:45 p.m., Resident #15 was observed in a rocker/glider chair near the nurse's station with a seatbelt in place. She was also observed to take the alarm from the top of the chair behind her head and hold it in her hands playing with the alarm. Resident #15 was further observed to reach down and take off</p>						

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	<p>her shoes and then attempted to remove her seatbelt which she was unable to do.</p> <p>During an observation on 4/18/11 at 2:50 p.m., Resident #15 remained in the rock/glider chair near the nurse's station. She again attempted to remove her seatbelt which she was unable to do.</p> <p>During an observation on 4/19/11 at 10:17 a.m., Resident #15 was observed seated in her wheelchair with seatbelt</p>						

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	<p>in place, call light out of reach, and wheelchair brakes were locked. She was also observed attempting to remove her seatbelt which she was unable to do. The door to her room was partially closed making it impossible to visualize her from the hallway.</p> <p>During an observation on 4/19/11 at 4:45 p.m., Resident #15 was observed in a rocker/glider chair near the nurse's station with a seatbelt in place. She was also observed to</p>						

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	<p>reach down and take her shoes off numerous times.</p> <p>During the exit conference on 4/20/11 at 4:10 p.m., documentation of other least restrictive measures for Resident #15 was requested. During the exit conference the MDS nurse and the DON both commented Resident #15 was admitted to their facility with the seatbelt.</p> <p>No documentation was provided from the facility describing other</p>						

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	<p>least restrictive measures attempted for Resident #15.</p> <p>A current facility policy "Restraints", dated 10/12/09 and provided by the DON on 4/21/11 at 9:23 a.m., indicated "...Physical restraints shall be used only when absolutely necessary for resident's own protection, other residents' protection, or for extreme or disturbed behavior...." The policy did not include information concerning attempted reductions.</p>						

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F0272 SS=E	3.1-3(w) 3.1-26(o) The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity. A facility must make a comprehensive assessment of a resident's needs, using the RAI specified by the State. The assessment must include at least the following: Identification and demographic information; Customary routine; Cognitive patterns; Communication; Vision; Mood and behavior patterns; Psychosocial well-being; Physical functioning and structural problems; Continence; Disease diagnosis and health conditions; Dental and nutritional status; Skin conditions; Activity pursuit; Medications; Special treatments and procedures; Discharge potential; Documentation of summary information regarding the additional assessment performed through the resident assessment protocols; and Documentation of participation in assessment. Based on observation, interview and record			F0272	Residents #21, #24, #9 and #3 have been reassessed and all residents on antibiotic therapy have been reviewed and systemic change in documentation process		04/21/2011

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	<p>review, the facility failed to ensure residents being treated for infections with antibiotic medications were assessed for signs and symptoms of infection for 4 residents (Resident #21, Resident #24, Resident #9, and Resident #3) of 5 residents reviewed for infections and also failed to failed to thoroughly assess and document wound characteristics for 1 resident (Resident #19) of 2 residents reviewed with pressure ulcers in a sample of 11.</p>				<p>is in place. Nursing notes have been placed and in the MAR and staff instructed to document vital signs and presence or absence of signs and symptoms related to infection process. Temps to be monitored every shift X 72 hours post antibiotic initiation. Documentation related to illness is to continue throughout duration of antibiotic therapy. We are in the process of converting EMAR and ETAR by June 1, 2011. when this system is in place, it will automatically prompt nurses to document appropriately. This should eliminate the recurrence of this negative practice. Regarding resident #9, it is of significance to note the skin area referred to by survey team was reassessed by two staff nurses on the evening of 4-21-11 following the survey exit and no second area of concern was noted. Area is clean and free of infectious symptomology. It will continue to be monitored by our staff and the resident's hospice nurse. Skin nurse will receive further training related to skin and wound interventions and documentation. All other residents in the building have had their wounds reassessed with appropriate documentation reviewed. They all were in compliance. DON or her designee will be responsible to ensure compliance. Results of audit reviews of residents on antibiotic therapy will be an</p>		

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	<p>Findings include:</p> <p>1. Review of the clinical record of Resident #21 on 4/20/11 at 10:11 a.m., indicated the following: diagnoses included, but were not limited to, bladder calculi (stones) and BPH (benign prostatic hypertrophy).</p> <p>Nurse's notes for Resident #21, dated 7/9/10 at 2:30 p.m., indicated the resident complained of burning and pain upon urination.</p>				<p>ongoing process and discussed at our quarterly Quality Assurance Meetings to ensure compliance. Date of Compliance 5-20-11</p>		

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	<p>A physician's order for Resident #21, dated 7/9/10, indicated a urinalysis with culture and sensitivity per clean catch.</p> <p>Nurse's notes for Resident #21, dated 7/9/10 at 9:30 p.m., indicated a clean catch urine sample was obtained and the lab was notified for pick-up. A nurse's note at 11:30 p.m., indicated the lab had picked up the urine sample.</p> <p>A microbiology report</p>						

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	<p>for Resident #21, dated 7/9/10, indicated the urine culture contained the bacteria proteus mirabilis.</p> <p>Nurse's notes for Resident #21, dated 7/10/10 at 12:30 a.m., indicated the preliminary urinalysis results were faxed to Resident #21's physician.</p> <p>Nurse's notes for 7/10/10 and 7/11/10 did not document any further assessment of Resident #21's symptoms of a urinary tract infection.</p>						

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	<p>No temperature was noted. There was also no documentation on the Medication Administration Record (MAR) for 7/10/10 and 7/11/10.</p> <p>Nurse's notes for Resident #21, dated 7/12/10, indicated the microbiology for the urinalysis was received and Resident #21's physician gave orders for Bactrim BID (twice a day) times 7 days.</p> <p>Nurse's notes for 7/12/10 and 7/13/10 did not</p>						

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	<p>document any further assessment of Resident #21's symptoms of a urinary tract infection. No temperature was noted. There was also no documentation on the MAR for 7/12/10 and 7/13/10.</p> <p>Nurse's notes for Resident #21, dated 7/14/10 at 5:00 a.m., indicated he had a temperature of 98.5 degrees and continued on an antibiotic for a urinary tract infection. The nurse's note also indicated he denied any</p>						

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	<p>burning with urination but a foul odor was noted.</p> <p>Nurse's notes for 7/15/10, 7/16/10, 7/17/10, 7/18/10, and 7/19/10 did not document any further assessment of Resident #21's symptoms of a urinary tract infection during the duration of the antibiotic Bactrim. No temperatures were noted. There was also no documentation on the MAR for the same dates.</p> <p>Nurse's notes for</p>						

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	<p>Resident #21, dated 7/29/10 at 8:30 a.m., indicated the resident complained of burning with urination. His temperature was noted at 98 degrees. A nurse's note at 11:00 a.m., indicated a new order for a urinalysis with culture and sensitivity.</p> <p>Nurse's notes for Resident #21, dated 7/30/10 at 6:00 a.m., indicated the urinalysis was obtained and the lab was called for pick up.</p> <p>A microbiology report</p>						

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	<p>for Resident #21, dated 7/30/10, indicated the urine culture contained the bacteria proteus mirabilis.</p> <p>Nurse's notes for 7/30/10, 7/31/10 and 8/1/10 did not document any further assessment of Resident #21's symptoms of a urinary tract infection. No temperature was noted. There was also no documentation on the MAR for 7/30/10, 7/31/10 and 8/1/10.</p> <p>Nurse's notes for</p>						

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	<p>Resident #21, dated 8/2/10 at 10:15 a.m., indicated the urinalysis with culture and sensitivity results were faxed to his physician. Nurse's notes at 2:20 p.m., indicated a new order was received for Bactrim DS BID times 7 days.</p> <p>There was no further assessment of Resident #21's symptoms of a urinary tract infection during the duration of the antibiotic Bactrim DS. No temperatures were noted. There was</p>						

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	<p>also no documentation on the MAR.</p> <p>Nurse's notes for Resident #21, dated 4/4/11 at 8:00 p.m., indicated the resident had complaints of frequent urination with a burning sensation. The nurse's notes also indicated his urine was yellow, cloudy, with a mild odor. The nurse's notes further indicated Resident #21 had a temperature of 98.3 degrees.</p> <p>Nurse's noted for</p>						

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	<p>Resident #21, dated 4/5/11 at 9:30 a.m., indicated a new order for a urinalysis with culture and sensitivity. Nurse's notes at 12:00 p.m., indicated the urinalysis was collected per clean catch method.</p> <p>Nurse's notes for 4/5/11 and 4/6/11 did not document any further assessment of Resident #21's symptoms of a urinary tract infection. No temperature was noted. There was also no documentation on the MAR for 4/5/11 and</p>						

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	4/6/11. A microbiology report for Resident #21, dated 4/5/11, indicated the urine culture contained the bacteria proteus mirabilis. Nurse's notes for 4/7/11 at 1:00 p.m., indicated a new order was received for Bactrim DS BID times 7 days. No further assessment of Resident #21's symptoms of a urinary tract infection was documented. No temperature was noted. There was also no						

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	<p>documentation on the MAR.</p> <p>Nurse's notes for Resident #21, dated 4/8/11 at 4:30 a.m., indicated he continued on an antibiotic for a urinary tract infection. The nurse's note also indicated he had temperature of 98 degrees. The nurse's note further indicated Resident #21 denied pain with urination, but a foul smelling odor remained.</p> <p>Nurse's notes for Resident #21, dated</p>						

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	<p>4/9/11 at 5:00 a.m., indicated he remained on an antibiotic for a urinary tract infection. The nurse's note also indicated he had a temperature of 98 degrees. The nurse's note further indicated Resident #21 denied pain with urination, but a slight foul odor remained.</p> <p>Nurse's notes for 4/11/11 did not document any further assessment of Resident #21's symptoms of a urinary tract infection. No</p>						

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	<p>temperature was noted.</p> <p>There was also no documentation on the MAR for 4/11/11.</p> <p>Nurse's notes for Resident #21, dated 4/12/11 at 10:30 p.m., indicated he remained on an antibiotic for a urinary tract infection and had a temperature of 98 degrees.</p> <p>There was no further assessment of Resident #21's symptoms of a urinary tract infection during the duration of the antibiotic Bactrim</p>						

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	<p>DS until the current nurse's notes ended on 4/19/11. No temperatures were noted. There was also no documentation on the MAR.</p> <p>A current facility care plan for Resident #21, dated 4/7/11, indicated the problem of a urinary tract infection. Interventions to the problem included, but were not limited to, monitor for changes in his urine such as odor, color, amount and concentration and</p>						

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	<p>monitor temperature every shift times 72 hours.</p> <p>2. Review of the clinical record for Resident #24 on 4/19/11 at 9:30 a.m., indicated the following: diagnoses included, but were not limited to, BPH, urinary retention, and chronic UTI (urinary tract infection).</p> <p>Nurse's notes for Resident #24, dated 3/7/11 at 6:00 p.m., indicated the resident had complaints of increased urination with</p>						

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	<p>incontinence. The nurse's notes also indicated the odor of his urine was "similar to fish smell" and a new order was received to obtain a urinalysis with culture and sensitivity. Nurse's notes at 3/7/11 at 7:45 p.m., indicated a urine sample was obtained and the lab was notified for pick up. Nurse's notes at 11:45 p.m., indicated the lab was in the facility to pick up the urine sample.</p> <p>A microbiology report for Resident #24, dated</p>						

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	<p>3/7/11, indicated the urine culture contained the bacteria proteus mirabilis.</p> <p>Nurse's notes for 3/8/11, 3/9/11, 3/10/11, 3/11/11, 3/12/11, 3/13/11, and 3/14/11, did not document any further assessment of Resident #24's symptoms of a urinary tract infection. No temperatures were noted. There was also no documentation on the MAR for the same dates.</p> <p>Nurse's notes for Resident #24, dated</p>						

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	<p>3/15/11 at 12:50 p.m., indicated he voided a large amount of cloudy foul smelling urine.</p> <p>Nurse's notes for Resident #24, dated 3/16/11 at 10:30 a.m., indicated a temperature of 98 degrees.</p> <p>Nurse's notes for Resident #24, dated 3/17/11 at 12:10 p.m., indicated a new order received for Cefitin bid times 7 days.</p> <p>Nurse's notes for 3/18/11, 3/19/11,</p>						

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	3/20/11, 3/21/11, 3/22/11, and 3/23/11, did not document any further assessment of Resident #24's symptoms of a urinary tract infection during the duration of the antibiotic Ceftin. No temperatures were noted. There was also no documentation on the MAR for the same dates. Nurse's notes for Resident #24, dated 3/24/11 at 9:10 a.m., indicated the resident just finished Ceftin due to urinary tract infection. The nurse's notes also						

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	<p>indicated the resident had a temperature of 98 degrees. The nurse's note further indicated no foul odor was noted during or after urination.</p> <p>A current facility care plan for Resident #24, dated 3/17/11, indicated the problem of urine positive for proteus. Interventions to the problem included, but were not limited to, monitor temperature every shift times 72 hours.</p> <p>LPN #6 was interviewed</p>						

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	<p>on 4/20/11 at 3:25 p.m. During the interview she indicated nurses were to chart on any infection every shift and temperatures were to be taken and recorded every shift for 72 hours. She also indicated the charting was to include a description of the infection, such as the color of urine.</p> <p>3. The record for Resident #9 was reviewed on 4/18/11 at 2:00 P.M.</p> <p>A Nurse's Note, dated 3/30/11 at 10:30 A.M., indicated "Res [resident] having</p>						<p>05/20/2011</p> <p>04/21/2011</p> <p>05/20/2011</p> <p>04/21/2011</p>

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	<p>some yellow discharge from (R) [right] eye, eye mattered (sic) shut this A.M., gently cleansed eye c [with] warm wash cloth. Schelera (sic) light pink. Physician notified, N.O. [new order] received...."</p> <p>A physician's order, dated 3/30/11, indicated ciprofloxacin [antibiotic] eye drops were to be administered into Resident #9's right eye daily for seven days.</p> <p>There was no further documentation in Resident #9's record to indicate the facility had re-assessed the right eye for continuing signs and symptoms of infection while being treated with the ciprofloxacin eye drops or had assessed the right eye for resolution of the infection when the eye drops had discontinued on 4/6/11.</p> <p>4. The record for Resident #3 was reviewed on 4/18/11 at 11:00 A.M.</p> <p>A Nurse's Note, dated 1/6/11 at 1:00 P.M., indicated "Res [resident] has concerning area on (R) [right] buttock. Area dark red in color. Aprox [approximately] baseball size discoloration. Dark unopen (sic) area in center. Has areas around circle ranging in size from pencil eraser sized areas to dime sized raised area. Some beginning to open. Opposite buttock near gluteal</p>						

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	<p>fold beginning c [with] raised areas as well." The note indicated the physician was notified.</p> <p>A Nurse's Note, dated 1/7/11 at 7:10 P.M., indicated Resident #3 had returned from an appointment at the physician's office and new orders were received for Keflex [antibiotic medication] three times daily for ten days.</p> <p>A physician's order, dated 1/7/11, indicated "Keflex 500 mg [milligrams] TID [three times daily] x [times] 10 D [days]."</p> <p>A Physician's Progress Note, dated 1/7/11, indicated Resident #3 was diagnosed with cellulitis [skin infection] and was prescribed Keflex to treat the infection.</p> <p>There was no further documentation in Resident #3's record to indicate the facility had re-assessed the area on the buttocks for continuing signs and symptoms of the cellulitis while being treated with the Keflex or had assessed the area for resolution of the infection on 1/17/11 when the Keflex had discontinued.</p> <p>LPN #7 was interviewed on 4/20/11 at 1:45 P.M. During the interview, LPN #7 indicated residents being treated for</p>						

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	<p>infections with antibiotics were routinely assessed for signs and symptoms of the infection at least daily until the infection was resolved or until the antibiotic was discontinued. LPN #7 indicated the assessments were to be documented in the Nursing Notes.</p> <p>The facility's Director of Nursing [DON] was interviewed on 4/21/11 at 1:00 p.m. During the interview, the DON indicated residents being treated for infections with antibiotics should be routinely assessed for temperature for seventy-two hours and for signs and symptoms of the infection until the infection resolved and the antibiotic was discontinued. The DON indicated the assessments were to be documented in the Nursing Notes.</p> <p>A facility policy titled "Resident Infection Tracking, Resident/Staff Immunization Tracking", dated 2/27/04, indicated "The staff will continue to monitor and document infections (sic) process and effectiveness of treatment as appropriate every shift until resolution."</p>						05/20/2011 04/21/2011 05/20/2011 04/21/2011

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	<p>5. The clinical record for Resident #19 was reviewed on 4/18/11 at 10:30 a.m. Diagnoses included, but were not limited to, pressure ulcers diabetes mellitus.</p> <p>A facility Admission Nursing Assessment for Resident #19, dated 3/2/11, indicated her coccyx and buttock crack were red.</p> <p>A facility Pressure Ulcer Risk Assessment for Resident #19, dated 3/2/11, 3/9/11, 3/16/11, and 3/23/11, indicated she was a high risk for pressure ulcers.</p> <p>Facility wound sheets for Resident #19, dated from 3/7/11 to 4/19/11, indicated the following: buttocks wounds depth measurements were missing for 7 of 7 entries, buttocks wound base percentages were missing for 7 of 7 entries, wound exudate (drainage) was missing for 7 of 7 entries, and the buttocks wound increased in size from 1 cm (centimeter) by 0.2 cm to 1.5 cm by 1 cm. No physician order changes</p>						

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	<p>were noted on the wound assessment.</p> <p>Facility wound sheets for Resident #19, dated 3/7/11 to 4/19/11, indicated the following: coccyx wound depth measurements were missing for 6 of 7 entries, coccyx wound base percentages were missing for 7 of 7 entries, and wound exudate was missing for 7 of 7 entries. No physician order changes were noted on the wound assessment.</p> <p>During an observation on 4/20/11 at 10:00 a.m., Resident #19 was noted to have three open areas to her buttocks/coccyx with a dark scab to the center of the wound and the perimeter of the wound was moist, white, and macerated.</p> <p>LPN #6, wound nurse, was interviewed on 4/21/11 at 2:20 p.m. During the interview she indicated she had not done her weekly wound check yet and the additional wound to Resident #19 had not been</p>						

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/31/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15E650		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 04/21/2011	
NAME OF PROVIDER OR SUPPLIER CEDARS, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 14409 SUNRISE COURT LEO, IN46765			
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	<p>reported to her. She also indicated there was no documentation in the clinical record of the change in the wound and no skin sheet had been started for Resident #19. She further indicated the last nurse's note was dated 4/16/11.</p> <p>3.1-31(a)</p>						<p>05/20/2011</p> <p>04/21/2011</p> <p>05/20/2011</p>

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F0278 SS=A	<p>The assessment must accurately reflect the resident's status.</p> <p>A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</p> <p>A registered nurse must sign and certify that the assessment is completed.</p> <p>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>Clinical disagreement does not constitute a material and false statement.</p> <p>Based on record review and interview, the facility failed to ensure an accurate Minimum Data Set (MDS) assessment for 1 of 11 residents reviewed for MDS accuracy in a sample of 11. (Resident #27)</p> <p>Findings include:</p> <p>Resident #27's record was reviewed on 4/18/11 at 9:20 a.m. The record indicated Resident #27's diagnoses included, but</p>			F0278	<p>Resident #27 - it is significant to note that immediately upon being informed of the error related to dialysis. MDS Coordinator sent a modified record of assessment to the CMS. It is significant to note that resident does not now or has never received dialysis. It was a coding error. All MDS assessments will be reviewed for accuracy before submission to CMS. If any coding errors are found during this review, MDS Coordinator will submit corrected data to CMS immediately. After</p>		05/20/2011

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F0314 SS=G	<p>were not limited to, diabetes mellitus, carotid stenosis, venous stasis, anemia and dementia.</p> <p>The MDS, dated 3/7/11 for Resident #27, indicated under "Special Treatments, Procedures and Programs" that the resident was receiving dialysis. Nowhere in the clinical record, was there any documentation that the resident had received dialysis.</p> <p>The MDS nurse was interviewed on 4/20/11 at 4:45 p.m. During the interview, the MDS nurse indicated Resident #27 had not received dialysis.</p> <p>3.1-31(d)</p>				<p>completion of care plan process and input of MDS assessment data, DON, and MDS Coordinator will review information for accuracy prior to submission. Date of compliance: 5-20-11 Addendum to F278 - May 26, 2011 Information received from the MDS assessments by MDS Coordinator and DON prior to submission will be reviewed at quarterly QA meeting.</p>		
	<p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>Based on observation, record review and interview, the facility failed to ensure complete</p>			F0314	<p>It is significant to note that the MDS nurse receives a weekly summary report of any existing pressure ulcers from the skin nurse. This summary involves all</p>		05/20/2011

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	<p>assessment, documentation and implement changes in interventions to prevent the development or worsening of wounds for 1 of 2 residents with pressure ulcers in a sample of 11. (Resident #19)</p> <p>Findings include:</p> <p>The clinical record for Resident #19 was reviewed on 4/18/11 at 10:30 a.m. Diagnoses included, but were not limited to, pressure ulcers and diabetes mellitus and was currently on hospice services.</p> <p>A facility Admission Nursing Assessment for Resident #19, dated 3/2/11, indicated her coccyx and buttock crack were red.</p> <p>A laboratory report for Resident #19, dated 3/8/11, indicated an albumin level (blood indicator of nutritional status) of 2.2 G/DL (grams per deciliter), with a reference range of 3.4-5.0 G/DL.</p> <p>A facility Pressure Ulcer Risk</p>				<p>skin issues, i.e. skin tears, rashes, bruises, etc. Upon review, we feel this summary could be expanded upon to more accurately reflect actual observation of skin issues - including wound measurements and progression. Wound nurse will be educated on more complete and current documentation procedures. Regarding resident #19, area has been reassessed by our staff, including the wound nurse. It is significant to note that resident remains on hospice care and is also assessed by her hospice team on their visits. Current hospice practices including nutritional assessments and dietary interventions are conducted by our registered dietician in corroboration with facility staff and hospice personnel. Decisions regarding dietary interventions are a team effort made with residents physicians approval. Care plan interventions are updated as resident conditions changes. All other residents with wounds have been reassessed and will be monitored to ensure appropriate assessment and care plan updates. Regarding resident #19 and her Hypoalbuminemia and wounds, the facility collaboratively with all areas of care provision, generates plan of care for each resident. The resident, and by extension, the residents family or Durable Power of Attorney, Health</p>		

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	<p>Assessment for Resident #19, dated 3/2/11, 3/9/11, 3/16/11, and 3/23/11, indicated she was a high risk for pressure ulcers. The Pressure Ulcer Risk Assessment contained parameters of level of consciousness/mental status, ambulation and mobility, incontinence-bowel and bladder, nutrition and weight status, fluid intake, presence of edema, medications, and predisposing diseases. The Pressure Ulcer Risk Assessment did not contain a parameter of existing pressure ulcers.</p> <p>A facility care plan for Resident #19, dated 3/3/11, indicated the problem of at risk for skin breakdown related to poor mobility, diabetes and history of coccyx ulcers. Interventions to the problem included, but were not limited to, pressure mattress, Calazyme to buttocks TID (three times a day) and PRN (as needed), and monitor her skin integrity with daily care and bathing for changes.</p>				<p>Care (DPOAHC) primary influence each comprehensive plan of care (POC).Resident #19 was admitted to the facility as a recipient of Hospice care. Accordingly, all efforts were made to optimize comfort and minimize invasiveness in the provision of care. Her admitting serum albumin level was identified in a nutritional services progress note dated 3-15-11 as being 2.2gm/dl or hypoalbuminemic. She was also identified as having 1 +/2+periphra edema and class 2 obesity which prompted the conclusion of hypoalbuminemia, likely related to hypervolemia. Additionally, her admitting intakes were identified as 50%-100% of meals which suggested that she would meet her need for achieving adequate protein consumption to prompt wound healing, identified on that same assessment as 48-60 grams of protein per day. therefore, no recommendations were made to increase protein in her diet. (See attached nutritional services progress note for resident #19 dated 3-15-11).It is the responsibility of the DON or her designee to ensure the RD is aware of any open areas and any pertinent lab values. MDS nurse and DON will be responsible for assuring compliance so this negative practice does not reoccur.Date of compliance: 5-20-11Addendum to F314 - May 26, 2011Dietician will address</p>		

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	<p>On 3/7/11, the problem of a Stage 2 pressure area on her coccyx was identified. No additional interventions were added to the care plan after 3/7/11.</p> <p>A Nutritional Services Progress Note for Resident #19, dated 3/15/11, indicated a low albumin level of 2.2 G/DL. The Nutritional Services Progress Note also indicated Resident #19 had no open areas. The Nutritional Services Progress Note further indicated "...She is hypoalbuminemic which would appear to be likely more related to hypervolemia than nutrition in nature...." No recommendations were made to increase the protein in her diet for wound healing.</p> <p>Facility wound sheets for Resident #19, dated from 3/7/11 to 4/19/11, indicated the following: Stage 2 buttocks wound depth measurements were missing for 7 of 7 entries, wound base percentages were missing for 7 of 7 entries,</p>				<p>Albumin and Serum Albumin levels on care plan and/or nutrition notes and make recommendations accordingly. Dietician has access to skin/wound assessment book and will review at weekly visits and/or significant change. QA Team will review quarterly for one year to ensure ongoing compliance.</p>		

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	<p>wound exudate (drainage) was missing for 7 of 7 entries, and the buttocks wound increased in size from 1 cm (centimeter) by 0.2 cm to 1.5 cm by 1 cm. No physician order changes were noted on the wound assessment.</p> <p>Facility wound sheets for Resident #19, dated 3/7/11 to 4/19/11, indicated the following: Stage 2 coccyx wound depth measurements were missing for 6 of 7 entries, wound base percentages were missing for 7 of 7 entries, wound exudate was missing for 7 of 7 entries, and the coccyx wound increased in size from 0.3 cm by 0.1 cm to a 0.4 cm by 0.2 cm. No physician order changes were noted on the wound assessment.</p> <p>The 3/14/11 Minimum Data Set (MDS) Assessment for Resident #19, indicated the resident had two Stage 2 pressure ulcers and was always incontinent of bowel and bladder.</p>						

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	<p>During an observation on 4/20/11 at 10:00 a.m. with LPN #4, Resident #19 was observed laying in her bed on a pressure relief mattress and a pressure relief cushion was noted in her Geri-chair. During the observation, she was noted to be incontinent and have two open areas on her left buttocks and one open area to her coccyx. The middle of the three wound was observed with a dark scab to the center of the wound and the perimeter of the wound was moist, white, and macerated. No measurements of the wound were taken by facility staff at that time. The physician was not notified of the change in her wound.</p> <p>LPN #6, the wound nurse, was interviewed on 4/21/11 at 2:20 p.m. During the interview she indicated there was no documentation in the clinical record of the change in the wound and no skin sheet had been started for Resident #19. She also indicated the last nurse's note was dated 4/16/11.</p>						

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F0325 SS=D	<p>3.1-40(a)(1) 3.1-40(a)(2)</p> <p>Based on a resident's comprehensive assessment, the facility must ensure that a resident -</p> <p>(1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and</p> <p>(2) Receives a therapeutic diet when there is a nutritional problem.</p> <p>Based on record review and interview, the facility failed to perform a comprehensive assessment and make recommendations for low albumin levels for 2 of 11 residents reviewed for nutritional adequacy in a sample of 11. (Resident #15 and #19)</p> <p>Findings include:</p> <p>1. Resident #15's record was reviewed on 4/19/11 at 1:35 p.m. The record indicated</p>			F0325	<p>Current hospice practices including nutritional assessments and dietary interventions are conducted by our registered dietician in corroboration with facility staff and hospice personnel. Decisions regarding dietary interventions are a team effort made with residents physicians approval. Care plan interventions are updated as resident conditions changes. All other residents with wounds have been reassessed and will be monitored to ensure appropriate</p>		05/20/2011

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	<p>Resident #15's diagnoses included, but were not limited to, Alzheimer's dementia, depression, and hypothyroidism.</p> <p>The 2011 "Indiana Diet Manual," eighth edition, indicated "...The proteins of the body are functional, so the loss of body protein means a loss of body function. Protein is present in the muscles, organs, antibodies, enzymes, and hormones. The body does not store protein. During times of injury or illness, as well as during starvation, protein is broken down to glucose to provide energy. This loss of protein leads to loss of lean body mass, muscle weakness, reduced strength, poor motor control, increased risk for fall and fractures, loss of function, and a reduced overall quality of life...." The manual also included the following nutrient dense, high protein food sources: "...dairy milk or soy milk...yogurt...cheese...beef, pork, lamb...poultry...fish and shellfish...peanuts or soy nuts, peanut butter, or soy butter...tofu...cooked dried beans, peas or lentils, and eggs, particularly egg whites...." Examples of interventions included: providing small, frequent meals and snacks of protein rich foods to optimize intake; supplemental nutrition drinks; use protein rich ingredients to improve the protein content of foods without adding to the volume of food.</p>				<p>assessment and care plan updates. The facility maintains timely and appropriate assessment of each residents nutritional status concluding in recommendations, when appropriate and when desired and approved by the resident or residents family or DPOAHC, for nutrition care interventions to address such. The 2011 "Indiana Diet Manual", eighth edition indicates . . . Serum albumin is a protein produced by the liver that is commonly used to assess adequate protein intake. Current research suggests that it is not an indicator of nutrition status so much as it is of the severity of illness (Fuhrman, Charney, & Mueller, 2004, p. 1258). It has long been thought of as a poor indicator of acute nutrition changes since it has a half-life of 14-20 days. Alterations in albumin levels, which are caused by the acute phase response (APR) to injury or illness, by hydration, by blood loss, or by malabsorption, limit its value as a nutrition indicator. See Table 1A-3. Serum albumin may be most useful in predicting high risk of mortality (Charney & Malone, 2009, pp. 65-66). Accordingly, the registered dietitian (RD) evaluates serum albumin levels in the context of numerous nutritional and medical parameters. In the care of Resident #15, as indicated in the attached nutritional services</p>		

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	<p>The manual further listed "Serum albumin is a protein produced by the liver, that is commonly used to assess adequate protein intake...."</p> <p>The unsigned "Physician's Orders," monthly rewrites for April 2011, indicated Resident #15 had an order for a regular diet, dated 11/05/10.</p> <p>A laboratory report, dated 4/13/11, indicated Resident #15 had a low albumin level of 2.7 (3.4-5.0 normal range).</p> <p>The most recent nutritional services progress note, made by the Registered Dietitian (RD), was dated 2/7/11. No notes by the RD were noted in the clinical record after the laboratory report dated 4/13/11, nor were there any recommendations for providing any additional dietary interventions.</p> <p>The Registered Dietitian (RD) was interviewed on 4/21/11 at 2:35 p.m. During the interview, the RD indicated Resident #15 had been gaining weight and he had no concerns with her protein levels.</p> <p>2. Resident #19's record was reviewed on 4/18/11 at 10:30 a.m. The record indicated Resident #19's diagnoses included, but were not limited to, pressure</p>				<p>progress note dated 2-7-11, the resident was consuming meals quite nicely and had in fact demonstrated a 17# weight gain (desired) over the previous 6 months. Her oral intakes were providing her with energy beyond her needs and likely protein as well. It should be noted that the surveyors referenced a serum albumin level of 2.7 gr/DL which was drawn on 4-13-11 and was reviewed by the residents physician with recommendation for a nutrition consult for dietary intervention. Please refer to F-314 for previous response to the hypoalbuminemia and signed integrity issue for resident #19. It is the responsibility of the DON or her designee to ensure the RD is aware of any open areas and any pertinent lab values. MDS nurse and DON will be responsible for assuring compliance so this negative practice does not reoccur. Date of Compliance: 5-20-11 Addendum to F325 - May 26, 2011 Registered Dietician consultant has access to skin/wound assessment book and will review at weekly visits and/or significant change. QA Team will review quarterly for one year to ensure ongoing compliance.</p>		

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	<p>ulcers, diabetes mellitus and dementia.</p> <p>A laboratory report, dated 3/9/11, indicated Resident #19 had a low albumin level of 2.2 (3.4-5.0 normal range).</p> <p>The most recent nutritional services progress note by the RD, dated 3/15/11, indicated "...albumin 2.2...no open areas...she is hypoalbuminemic which would appear to be likely more related to hypervolemia than nutrition in nature...extensive to total assistance with eating...." No recommendations were noted for providing any additional dietary interventions.</p> <p>The "Physician's Orders," monthly rewrites, signed by the physician on 3/3/11, indicated Resident #19 was to receive a regular diet with nectar thickened liquids.</p> <p>The Minimum Data Set (MDS) Assessment, dated 3/14/11, indicated Resident #19 had two, Stage 2 pressure ulcers noted as a "partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed, without slough. May also present as an intact or open/ruptured blister."</p> <p>The 2011 "Indiana Diet Manual" indicated the first step in the nutrition care process</p>						

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	<p>is nutrition assessment. Dietetics professionals use nutrition assessment in several ways to determine a person's current nutrition status and needs, to develop a plan for improvement, to monitor the outcomes of interventions, and to decide when to change the care plan. The manual further iterated "...screen and assess nutritional status for each individual with a pressure ulcer at admission and with each condition change and/or when progress toward pressure ulcer closure is not observed...refer all individuals with a pressure ulcer to the dietitian for early assessment and intervention of nutritional problems...provide sufficient calories...provide adequate protein...provide adequate vitamins and minerals...."</p> <p>The current policy and procedure "Skin Condition Protocol," dated 8/1/02 and revised 6/24/06, was provided by the Director of Nursing on 4/21/11 at 9:23 a.m. The policy indicated "...Residents assessed with areas will receive nutritional supplementation to promote healing...the Dietician (sic) or designee will review the weekly skin assessment report and recommend appropriate nutritional interventions...."</p> <p>The Registered Dietitian (RD) was</p>						

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	<p>interviewed on 4/21/11 at 2:35 p.m.</p> <p>During the interview, the RD indicated Resident #19 had a terminal diagnosis and was on hospice and felt no interventions were warranted. The RD further indicated Resident #19 was obese and had peripheral edema which could dilute the protein levels and that if he'd known the resident had pressure ulcers, he still would not have made any changes.</p> <p>The 2011 Indiana Diet Manual indicated "Serum albumin is a protein produced by the liver that is commonly used to assess adequate protein intake. Current research suggests that it is not an indicator of nutrition status so much as it is of the severity of illness...." The 2011 Indiana Diet Manual also indicated an Albumin level less than 2.4 G/DL should be considered depleted. A daily protein requirement for older adults was recommended at 1.0 grams per kilogram of body weight. An older adult with pressure ulcers required a daily protein intake of 1.25 to 1.5 grams per kilogram of body weight. The 2011 Indiana Diet Manual further indicated "...Provide adequate protein for positive nitrogen balance for an individual with a pressure ulcer...."</p> <p>3.1-46(a)(1)</p>						

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F0371 SS=D	<p>The facility must -</p> <p>(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and</p> <p>(2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>Based on observation, interview and record review, the facility failed to protect glasses of ice water and juice, a bowl of applesauce, and a plate of pie from potential contamination during transport from the main dining room to the overflow dining room through a common hallway affecting 3 resident (Resident #33, Resident #6, and Resident #18) of 43 residents who ate meals in the overflow dining room.</p> <p>Findings include:</p> <p>1. During an observation of the lunch meal on 4/18/11 at 11:16 a.m., an unidentified dietary staff was observed to carry 2 glasses of</p>		F0371	<p>On 4-21-11 an inservice was held for dietary staff. The inservice was to inform and re-iterate the policy on transporting across and into a common area from one dining room to another. Staff was informed that all food and beverages are to be covered when transported from one dining area to another. Accordingly, a sign was posted on the beverage machine to request and encourage visitors who are dining in the extended dining room, to use the lids provided to cover the beverages when transporting them across the hall for the residents. Resolved on 4-21-11. Monitoring is on-going by Dietary Manager.</p>		04/21/2011	

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	<p>ice water and 2 glasses of juice to Resident #33 and Resident #6 from the main dining room to the overflow dining room through a common hallway. The glasses were not covered.</p> <p>2. During an observation of the lunch meal on 4/19/11 at 11:37 a.m., Dietary #6 was observed to carry 2 glasses of ice water, 3 pieces of pie, a bowl of jello, and a glass of soda to Resident #33 and Resident #6 from the main dining room to the overflow dining room through a common hallway. The glasses of liquids and the plates and bowls of food were not covered.</p> <p>3. During an observation of the evening meal on 4/19/11 at 5:23 p.m., the Dietary Manager was observed to carry a glass of ice water and a glass of juice to Resident #18 from the main dining room to the overflow dining room through a common hallway. The glasses were not covered.</p>						

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	<p>4. During an observation of the lunch meal on 4/20 at 11:52 a.m., Dietary #6 was observed to push an open cart containing a bowl of applesauce for Resident #6 from the main dining room to the overflow dining room through a common hallway. The bowl of applesauce was not covered.</p> <p>The Dietary Manager was interviewed on 4/20/11 at 2:55 p.m. During the interview, she indicated she did not realize the foods and beverages needed to be covered when transported from the main dining room to the overflow dining room.</p> <p>A current undated facility policy "Dietary Policy for Tray Service", provided by the Dietary Manager on 4/21/11 at 9:30 a.m., indicated "...food trays that are distributed on a cart...must be covered when taken through the hallways either each item covered individually or the entire tray covered...."</p>						

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F0386 SS=D	<p>3.1-21(i)(2) 3.1-21(i)(3)</p> <p>The physician must review the resident's total program of care, including medications and treatments, at each visit required by paragraph (c) of this section; write, sign, and date progress notes at each visit; and sign and date all orders with the exception of influenza and pneumococcal polysaccharide vaccines, which may be administered per physician-approved facility policy after an assessment for contraindications.</p> <p>Based on record review and interview, the facility failed to ensure monthly physician rewrites (orders) were signed and dated at each visit for 2 of 11 residents reviewed with physicians orders in a sample of 11 residents. (Resident #14 and #15)</p> <p>Findings include:</p> <p>1. Resident #14's record was reviewed on 4/18/11 at 1:30 p.m. The record indicated Resident #14's diagnoses included, but were not limited to, dementia, high blood pressure, hypothyroidism and osteoarthritis.</p> <p>The monthly "Physician's Orders" for February, March and April 2011 were lacking a physician signature. The most</p>			F0386	<p>Resident #14 and #15 have had all their documentation reviewed and signed by physician at his visit. All resident charts were reviewed for physician signature and documentation. Only one resident was found to be out of compliance. This resident is resident #2. This occurred due to the resident transfer to hospice care from her family physician. During this transition, the hospice doctor neglected to sign documentation at her 60 day visit. He has since signed the appropriate documentation. An addendum to Physician Order Policy: Not only will orders be in the chart for the physician to sign at the residents 60 day visits, they will also be flagged to ensure a timely signature. When a resident changes physicians, the</p>		05/20/2011

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	<p>recent monthly "Physician's Orders," signed and dated by the physician, were for January 13, 2011.</p> <p>A "History and Physical Examination," for Resident #14, was signed and dated by the physician on 3/17/11.</p> <p>2. Resident #15's record was reviewed on 4/19/11 at 1:35 p.m. The record indicated Resident #15's diagnoses included, but were not limited to, Alzheimer's disease, hypothyroidism, depression, and peripheral vascular disease.</p> <p>The monthly "Physician's Orders" for February, March and April 2011 were lacking a physician signature. The most recent monthly "Physician's Orders," for January 2011 were signed and dated by the physician on December 30, 2010.</p> <p>A "Physician's Progress Notes," was signed and dated by the physician on 2/24/11. A laboratory report for Resident #15, dated 4/13/11, was signed by the physician and dated 4/14/11.</p> <p>The current policy and procedure titled "Physician Order Policy," dated 10/2/06, was provided by the Director of Nursing (DON) on 4/21/11 at 9:23 a.m. The policy listed the following: "...house</p>				<p>Medical Records Coordinator will be notified of doctor change on the first business day after the change has been made. Medical Records Coordinator will monitor and assure appropriate and timely signatures on all residents. It will be the responsibility of the Medical Records Coordinator and the DON to see that this problem does not reoccur. Date of Compliance will be 5-20-11. Addendum - May 26, 2011 Physician orders will be checked quarterly prior to the Quarterly QA meeting to ensure the physician has signed orders for each resident every 60 days. Report will be given at each QA Meeting.</p>		

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	<p>physician...at the beginning of every month, when rewrites are done, the medical records coordinator will place physician's orders by the house physician in the residents' charts...the house physician will sign each resident's orders when he sees them for their 60 day visit...outside physicians...at the beginning of every month, when rewrites are Done (sic), the medical records coordinator will immediately fax copies of the orders to the appropriate physician...the signed copies will immediately be placed in residents' charts...."</p> <p>During an interview on 4/22/11 at 10:10 a.m., the DON indicated the monthly rewrites (orders) are divided up between the nurses who are then responsible for reviewing the orders to make sure they're correct. She further indicated the physician didn't like having a stack of rewrites to sign and he wanted them left in the residents charts so he could sign them when he comes in for his visits.</p> <p>3.1-22(c)(1)</p>						

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F0514 SS=D	<p>The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on observation, interview and record review, the facility failed to ensure accurate documentation by the Registered Dietitian regarding pressure ulcers for 1 resident (Resident #19) of 2 residents reviewed for pressure ulcers and the facility also failed to ensure current documentation by the Registered Dietitian was available in the medical record for 1 resident (Resident #19) of 11 residents reviewed in a sample of 11.</p> <p>Findings include:</p> <p>1. The clinical record for Resident #19 was reviewed on 4/18/11 at 10:30 a.m. There was no information in the dietary section of the chart.</p> <p>The Certified Dietary Manager was interviewed on 4/20/11 at 2:50 p.m. During the interview, she indicated the Nutritional Services Progress Note for Resident #19, dated 3/15/11, was on her</p>		F0514	<p>All resident dietitian notes (including resident #19) are in resident charts. Dietary Manager will assure that nutrition notes will be placed in charts as soon as they are recieved. (It is significant to note that nutrition note for Resident #19 was retrieved immediately upon request of surveyor - Dietary Manager had pulled this information for her care plan purposes.) Monitoring of this facet of F514 is ongoing by Dietary Manager. Date of Correction 5-20-11As address in F314, the DON and MDS Coordinator will ensure information related to open areas (including pertinent lab values and assessments) are available for the registered dietician. Date of Compliance 5-20-11Addendum to F514 - May 26, 2011Upon receiving the nutrition notes, the Dietary Manager will make duplicate copies, one for the chart and one for the Dietary Manager's files. Additionally, at the completion of each care plan</p>		05/20/2011	

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	<p>desk in the kitchen and was able to retrieve it.</p> <p>2. Facility wound sheets for Resident #19, dated 3/7/11, indicated she had two Stage 2 open areas to her coccyx and buttocks crack.</p> <p>The 3/14/11 Minimum Data Set (MDS) Assessment for Resident #19, indicated the resident had two Stage 2 pressure ulcers.</p> <p>A Nutritional Services Progress Note for Resident #19, dated 3/15/11, indicated she had no open areas.</p> <p>During an observation on 4/20/11 at 10:00 a.m., three open areas were noted to the bottom of Resident #19.</p> <p>The Registered Dietitian was interviewed on 4/21/11 at 2:35 p.m. During the interview he indicated he was not told about Resident #19's pressure wounds.</p> <p>3.1-50(a)(2) 3.1-50(a)(3) 3.1-50(f)(2)</p>				<p>session, Dietary Manager will review charts to assure that nutrition notes are in place. Results of on-going chart review will be reported at QA meeting.</p>		

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F9999	<p>3.1-20 DIETARY SERVICES</p> <p>(f) The number of consultant dietitian hours shall be commensurate with number of residents, complexity of resident services, and qualifications of food service director with at least the following number of hours being provided:</p> <p>(1) Four (4) hours every two (2) weeks for a facility of sixty (60) residents or less.</p> <p>Based on record review and interview, the facility failed to ensure a Registered Dietitian provided a minimum of four (4) hours every two (2) weeks of consultant services affecting 52 residents who resided in the facility.</p> <p>Findings include:</p>			F9999	<p>The facility provides for, and the RD accordingly provides services in excess of the state required minimum four (4) hour every two (2) weeks of consultant services. Please see attached invoices for the months February, March, and April of 2011. The RD will modify visitation reports to more accurately reflect consultation times effective immediately. 3.1-25 In order to reconcile the error made by our nurse, we will do the following: a) nurse will be disciplined by a written warning and suspension with an understanding that another such incidence will result in termination. b) inservice will be done by our consultant pharmacist on the basic principles of medication administration with special emphasis given to the fact "no medication shall be used for any resident other than the resident for whom it was prescribed". (#7) A list of the residents who were receiving the same medication and dosage on the day of error has been obtained from the pharmacy. Reimbursement will be made to each of these residents as a good faith measure, since our nurse cannot remember with certainty from whom she borrowed. Although our nurse meant well in getting the right med to the right</p>		05/20/2011

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	<p>"Dietitian's Visitation Reports were provided by the Director of Nursing on 4/21/11 at 9:28 a.m. and indicated the following:</p> <p>2/01/11 - 2 1/2 hours facility time 2/07/11 - 2 hours facility time 2/14/11 - no in/out times listed, total hours onsite/offsite: 1 2/21/11 - 2 hours facility time 3/02/11 - 2 1/2 hours facility time 3/07/11 - no in/out times listed, total hours onsite/offsite: 1 3/15/11 - no in/out times listed, total hours onsite/offsite 6 hrs</p> <p>On 4/21/11 at 3:55 p.m., a review by the Certified Dietary Manager of the RD billing hours was completed with the Indiana State Department of Health Surveyors. The billing did not have the hours broken down as to facility hours (onsite) and offsite hours (dictation, driving, etc.).</p> <p>The Registered Dietitian was interviewed on 4/21/11 at 2:25 p.m. During the interview he indicated</p>				<p>resident in a timely manner, the procedure to obtain the med was obviously incorrect and must not reoccur. It will be the responsibility of the DON or her designee to ensure this negative practice does not occur. Date of Compliance: 5-20-11 Addendum to F9999 - May 26, 2011 Weekly visitation reports will be kept on file in the dietary office. The QA Team will review weekly visit reports quarterly for 1 year to assure that consultation times are compliant with State required minimum. QA monitoring will be discontinued if the requirement is met.</p>		

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	<p>he usually came into the facility on a weekly basis and was not in the facility any specific number of hours. He also indicated he was usually in the facility 2-4 hours per week, but may only be in the facility less than an hour depending on the needs of the residents.</p> <p>The "Medical Nutritional Therapy and Food Service Management Consulting Agreement" between the facility and the Registered Dietitian, dated 9/16/03 with an automatic yearly renewal, indicated "...company shall provide a base level of two (2) to five (5) hours of consultative services to facility every week throughout the term of this agreement...."</p> <p>3.1-25 PHARMACY SERVICES</p> <p>(b) The administration of drugs and treatments, including alcoholic beverages, nutrition concentrates, and therapeutic supplements, shall be as ordered by the attending</p>						

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	<p>physician and shall be supervised by a licensed nurse as follows: (7) No medication shall be used for any resident other than the resident for whom it was prescribed.</p> <p>Based on interview and record review, the facility failed to ensure medications were not borrowed from other residents for administration for 1 resident (Resident #37) of 3 residents reviewed with physician orders for potassium chloride.</p> <p>Findings include:</p> <p>Review of the clinical record for Non-Certified Comprehensive Resident #37 indicated the following: diagnoses included, but were not limited to, diabetes mellitus and essential hypertension.</p> <p>A physician order for Resident #37, dated 3/9/11, indicated the resident was to receive potassium chloride (KCl) 40 meq (milliequivalents) now.</p>						

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	<p>The Medication Administration Record (MAR) for Resident #37 for the month of March 2011 did not include an entry for the KCl 40 meq on 3/9/11.</p> <p>LPN #4 was interviewed on 4/20/11 at 9:45 a.m. During the interview she indicated she had not documented the 3/9/11 dose of KCl for Resident #37 on the MAR, but had documented the dose on the 24 hour report. She also indicated she had not taken the 40 meq dose of KCl from the Emergency Drug Kit (EDK), but had borrowed the 40 meq dose of the KCl from another resident's medication. She further indicated she could not remember whose KCl she had borrowed.</p> <p>A list of medication available in the EDK, provided by the Director of Nursing on 4/20/11 at 11:14 a.m., included a quantity of 8 Potassium Chloride 10 meq capsules in the facility.</p>						

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	<p>The Director of Nursing was interviewed on 4/21/11 at 10:10 a.m. During the interview, she indicated the KCI should have been pulled from the EDK and not borrowed from another resident's medication.</p> <p>A current facility policy "Drug Administration Policy", dated 4/16/09, indicated "...Prepare and administer medications as ordered by the physician...Verify the identity of the resident before administering the medication/treatment...." The policy did not indicate medication prescribed for one resident should not be given to another resident.</p>						

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R0000	The following residential findings are cited in accordance with 410 IAC 16.2-5		R0000				
R0272 SS=E	<p>(e) All food shall be served at a safe and appropriate temperature.</p> <p>Based on observation, interview and record review the facility failed to take hot and cold food temperatures prior to meal service potentially affecting 9 of 9 residents who ate their meals in the residential dining room.</p> <p>Findings include:</p> <p>1. During an observation of the lunch meal on 4/18/11 at 11:30 a.m., Dietary #1 was observed to push an insulated cambro containing the hot food for the residential dining room from the kitchen. The steam table pans of pork chop supreme, ranch mashed potatoes, and peas & carrots were then placed into the wells of a small steam table which was already on.</p>		R0272	<p>Residents #21, #24, #9 and #3 have been reassessed and all residents on antibiotic therapy have been reviewed and systemic change in documentation process is in place. Nursing notes have been placed and in the MAR and staff instructed to document vital signs and presence or absence of signs and symptoms related to infection process. Temps to be monitored every shift X 72 hours post antibiotic initiation. Documentation related to illness is to continue throughout duration of antibiotic therapy. We are in the process of converting EMAR and ETAR by June 1, 2011. when this system is in place, it will automatically prompt nurses to document appropriately. This should eliminate the recurrence of this negative practice. Regarding resident #9, it is of significance to note the skin area referred to by survey team was reassessed by two staff nurses on the evening of 4-21-11 following the survey exit and no second area of concern was noted. Area is clean and free of</p>		04/21/2011	

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	<p>Small containers of cold foods, such as shredded cheese, diced hard cooked eggs, chicken salad, cucumbers, pickles, tomatoes and canned fruit were removed from the refrigerator in the residential kitchen and placed into a large bin of ice on the counter for a salad bar. No temperatures of the hot and cold food items were taken.</p> <p>At 11:33 a.m., one resident, who needed to leave for an appointment, fixed her plate and sat at a dining table and began to eat. The wells of the steam table remained uncovered until 11:45 a.m.</p> <p>At 12:00 p.m., five residents entered the residential dining room for lunch and prepared their plates of food from the steam table and the salad bar. No temperatures of the hot and cold food item had been taken.</p> <p>2. During an observation of the lunch meal on 4/19/11 at 11:40 a.m., Dietary #2 was observed to</p>				<p>infectious symptomology. It will continue to be monitored by our staff and the resident's hospice nurse. Skin nurse will receive further training related to skin and wound interventions and documentation. All other residents in the building have had their wounds reassessed with appropriate documentation reviewed. They all were in compliance. DON or her designee will be responsible to ensure compliance. Results of audit reviews of residents on antibiotic therapy will be an ongoing process and discussed at our quarterly Quality Assurance Meetings to ensure compliance. Date of Compliance 5-20-11</p>		

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	<p>push an insulated cambro containing the hot food for the residential dining room from the kitchen. The steam table pans of Dutch chicken, rice pilaf, and Capri vegetable blend were then placed into the wells of a small steam table which was already on. Small containers of cold foods were removed from the refrigerator in the residential kitchen and placed into a large bin of ice on the counter for a salad bar. Dietary #2 was observed to take the temperatures of the hot food but did not take the temperatures of the cold food items. There was no food temperature log present in the residential dining room.</p> <p>3. During an observation of the evening meal on 4/19/11 at 4:50 p.m., Dietary #3 was observed to push an insulated cambro containing the hot food for the residential dining room from the kitchen. The steam table pans of cream of potato soup, ham, macaroni & cheese, and a vegetable</p>						

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	<p>blend were then placed into the wells of a small steam table which was already on. Small containers of cold foods were removed from the refrigerator in the residential kitchen and placed into a large bin of ice on the counter for a salad bar. Dietary #3 was observed to take the temperatures of the hot food but did not take the temperatures of the cold food items. There was no food temperature log present in the residential dining room.</p> <p>The Dietary Manager was interviewed on 4/20/11 at 2:55 p.m. During the interview she indicated temperatures of the hot and cold food should be taken prior to meal service and recorded in a log book.</p> <p>A current undated facility policy "Safe Food Temperatures", provided by the Dietary Manager on 4/21/11 at 9:30 a.m., indicated "...Food temperatures will be (sic) maintained at acceptable levels during food...service, delivery...Hot foods are held at 140F or higher</p>						

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R0273	during meal service...Cold foods are held at 40F or lower...food temperatures are checked and recorded on the food temperature record before each meal...." 5-5.1(e)						
	(f) All food preparation and serving areas (excluding areas in residents ' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24.						05/20/2011
	Based on observation, interview and record review, the facility failed to clean and sanitize a food thermometer between each food			R0273	On 4-21-11 an inservice was held for dietary staff to inform and reiterate proper handling and transporting of Food Service equipment and dishes through hallways and common areas. Dishes and equipment that come		04/21/2011
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	<p>tested and also failed to transport clean dishes, silverware, and serving utensils in a manner to prevent contamination potentially affecting 9 of 9 residents who ate their meals in the residential dining room.</p> <p>Findings include:</p> <p>1. During an observation of the evening meal in the residential dining room, Dietary #3 was observed to take the temperatures of the hot foods in the steam table. She was observed to wipe the food thermometer between each food tested on the plastic wrap which had been covering the cream of potato soup. She was not observed to clean and sanitize the food thermometer with an alcohol wipe.</p> <p>The Dietary Manager was interviewed on 4/20/11 at 2:55 p.m. During the interview she indicated the food thermometers were to be cleaned and sanitized between each food item tested.</p>				<p>in contact with food are to be covered until ready to use. Resolved on 4-21-11. On-going monitoring by Dietary Manager. (See R272 response for proper handling of Thermometers when taking food temps.) Addendum to R273 - May 26, 2011 A quarterly Sanitation Review of proper handling of food and food service equipment will be conducted by the Dietary Manager and/or Consultant Dietician. These reports will be reviewed by QA Team for one year.</p>		

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	<p>A current undated facility policy "Guidelines for Checking Food Temperatures", provided by the Dietary Manager on 4/21/11 at 9:30 a.m., indicated "...The use of individual, foil wrapped alcohol pads also is acceptable for sanitizing probes...The thermometer must be cleaned and sanitized between each product that is tested...."</p> <p>2. During an observation on 4/21/11 at 1:43 p.m., Dietary #2 was observed to push an open two tiered cart from the kitchen through three common hallways into the residential dining room. The cart contained 2 bins of clean silverware, 3 clean serving tongs, 3 clean serving spoons, 10 clean dinner plates, 10 clean soup bowls, 10 clean fruit bowls, 2 clean dessert plates, and 4 clean salad plates. The clean items were not covered and protected from potential contamination.</p>						

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	<p>The Dietary Manager was interviewed on 4/21/11 at 1:45 p.m. During the interview she indicated clean dishes, silverware, and serving utensils should be covered when transported from the kitchen through a hallway.</p> <p>A current facility policy "Storing Clean Dishes and Utensils", dated 2010, indicated "Keep surfaces of equipment that comes in contact with food, covered until ready to use...."</p> <p>5-1.5(f)</p>						